State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE - BASIS FOR REIMBURSEMENT

04/93 12. "Psychiatric clinic" means a hospital-based clinic that is enrolled with the Department to provide:

a. Psychiatric Clinic Services (Type A). Type A psychiatric clinic services (category of service 27) are clinic service packages consisting of diagnostic evaluation; individual, group and family therapy; medical control; optional Electroconvulsive Therapy (ECT); and counseling, provided in the hospital clinic setting for individuals through the age of twenty-one (21).

b. Psychiatric Clinic Services (Type B). Type B psychiatric clinic services (category of service 28) are active treatment programs in which the individual patient is participating in no less than social, recreational, and task-oriented activities at least four (4) hours per day at a minimum of three (3) half days of active treatment per week. The duration of an individual patient's participation in this treatment program is limited to six (6) months in any twelve (12) month period.

04/93 13. "Physical rehabilitation clinic" means a hospital-based clinic that provides rehabilitative services and is enrolled with the Department for the provision of physical rehabilitation clinic services (category of service 29). Clinic services should be utilized when the patient's condition is such that it does not necessitate inpatient care and adequate care and treatment can be obtained on an outpatient basis through the hospital's specialized clinic.

OFFICIAL

State ILLINOIS

2.b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY SERVICES FURNISHED BY A RURAL HEALTH CLINIC

For dental services, eyeglasses, hearing aids, prescribed drugs, prosthetic devices and durable medical equipment, the all inclusive rate utilized for Medicare covered services in independent rural health clinics will not be applicable.

° Dental services

Require prior approval (also see item 10, this attachment).

° Eyeglasses

Prior approval required for tinting and contact lenses (also see item 12d, this attachment).

° Hearing aids

Prior approval required for binaural hearing aids only.

° Prescribed drugs

See item 12a, this attachment.

° Prosthetic devices

Prosthetic devices (other than dental and artificial eyes) are provided only upon written recommendation of a physician. Require prior approval.

° Durable medical equipment

Requires prior approval. Must be accompanied by a written recommendation of a physician (also see item 7c, this attachment).

° Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

State Illinois

=7/95 2c. In order for FQHCs to participate in the Maternal and Child Health Program, they must be Health Centers which:

a) receive a grant under Section 329, 330 or 340 of the Public Health Service Act, or

b) based on the recommendation of the Health Resources and Services Administration of the Public Health Service, are determined to meet the requirements for receiving such a grant.

==07/98 • ENCOUNTER RATE CLINICS

Encounter rRate cClinics are free-standing clinics which were enrolled in the Medicaid Program prior to ~~1975~~ July 1, 1998 that are reimbursed on an encounter rate basis as defined in Attachment 4.19-B(1)(g). An Encounter Rate Clinic may also be a clinic operated by a county with a population of over three million that is reimbursed on an encounter rate basis as described in Attachment 4.19-B(1)(g), but does not qualify as a Critical Clinic Provider as defined in Attachment 4.19-B(1)(c) or as a Non Hospital Based Clinic as described in Attachment 4.19-B(1)(d). In order for encounter rate clinics to participate in the Maternal and Child Health Program, they must be owned, operated, managed, or staffed by a hospital that also operates a Maternal and Child Health clinic or be located in a county with a population exceeding 3,000,000 that is part of an organized clinic system consisting of 15 or more individual practice locations, of which at least 12 are Federally Qualified Health Centers.

=7/95 • PSYCHIATRIC CLINICS

Psychiatric clinics enrolled in the Medicaid Program must have the appropriate facilities and qualified professional staff to meet the client's needs in order to participate in the Maternal and Child Health program.

State ILLINOIS

3. OTHER LABORATORY AND X-RAY SERVICES

Full mouth series of x-rays are covered only once every three years.

Total body scans are covered only when provided in an inpatient hospital setting as part of the hospital per diem.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

4a. SKILLED NURSING FACILITIES (OTHER THAN SERVICES IN AN INSTITUTION FOR MENTAL DISEASES) FOR INDIVIDUALS 21 YEARS OF AGE OR OLDER

A preadmission screening assessment is required.

4b. EARLY AND PERIODIC SCREENING AND DIAGNOSIS TREATMENT SERVICES

Clients shall be referred for dental screenings beginning at age 2 if the client is not in the continuing care of an enrolled dental provider.

All medically necessary diagnosis and treatment services will be furnished to EPSDT (Healthy Kids) clients to treat conditions detected by periodic and interperiodic screening services even if the services are not included in the State Plan.

In addition to services provided under this State Plan, covered Medicaid (Section 1905(a) of the Social Security Act) services for individuals under age 21 include: case management, personal care services, Christian Science nurse and respiratory care services.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments, including organ transplants which are "medically necessary", to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

State ILLINOIS

5. a. PHYSICIANS' SERVICES

Covered services, when performed by fully licensed residents, are limited according to the following conditions:

° That the resident provides services within a Family Practice Residency Program approved by the Department and accredited by the LCGME (Liaison Committee on Graduate Medical Education).

° That the resident provides services within a Family Practice Residency Program recognized by Medicare as either a Free Standing Program or a Provider Based Program.

° That, in those instances where the resident provides services within a Provider Based Family Practice Residency Program, such services will be covered on a cost-based arrangement only through a related provider (hospital).

== 01/93 In order for a physician's services to be covered for children under age 21, the physician must:

1) be certified in pediatrics or family practice by the medical specialty board recognized by the American Board of Medical Specialties; or

2) be employed by or affiliated with a federally qualified health center; or

3) have admitting privileges at a hospital; or

4) be a member of the National Health Service Corps; or

5) document a current, formal consultation and referral arrangement with a pediatrician or family practitioner who has the certification described in 1) for the purpose of specialized treatment and admission to a hospital; or

State ILLINOIS

6) be certified by the Secretary of the Department of Health and Human Services as qualified to provide physician's services to a child under 21 years of age; and

7) deliver services in a manner consistent with the standards of the American Academy of Pediatrics and rules as published by the Illinois Department of Public Health.

01/93 Physician services to pregnant women, including postpartum care, will be covered only when the following conditions are met:

1) the physician, whether based in a hospital, clinic or individual practice, retains hospital delivery privileges or documents a written referral arrangement with another physician who retains such privileges for the purposes of specialized treatment and admission to a hospital; and

2) maternal services are delivered in a manner consistent with the quality of care guidelines published by the American College of Obstetricians and Gynecologists in the current edition of the "Standards for Obstetric-Gynecologic Services."

=7/95 In order for a physician to participate in the Maternal and Child Health program, he must meet all provisions of regular Medicaid enrollment and the following additional program requirements:

1) maintain hospital admitting privileges and, for obstetrical care, hospital delivery privileges;

2) provide periodic health screening (EPSDT) and primary pediatric care as needed, consistent with guidelines published by the American Academy of Pediatrics or American Academy of Family Physicians;

3) provide obstetrical care and delivery services as appropriate, consistent with guidelines published by the American College of Obstetricians and Gynecologists or the American Academy of Family Physicians;

4) perform risk assessment for pregnant women and/or children;

5) provide medical care coordination including arranging for diagnostic consultation and specialty care;

6) maintain 24-hour telephone coverage for assessment and consultation; and,

7) provide equal access to quality medical care for MCH clients.

State ILLINOIS

=7/95 The Department will consider requests on a case by case basis from physicians who are unable to meet the hospital delivery or admitting privileges criteria for enrollment in the MCH Program. In order to be considered under the exception process, the physician must have executed a formal agreement with another physician to accept referrals for hospital admission, submit certain documents and have such requests reviewed and approved by members of the State Medical Advisory Committee (SMAC).

07/88 b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST (IN ACCORDANCE WITH SECTION 1905(a)(5)(B) OF THE ACT)

Physician services provided by dentists are limited to those services furnished by licensed dental practitioners within the scope of their practice as defined by State law.

State ILLINOIS

4. PODIATRISTS' SERVICES

7/99 ~~Services are provided only to EPSDT recipients.~~ Covered services are limited to medically necessary diagnostic, laboratory, radiological and surgical procedures required for treatment of conditions of the feet.

Consultations, routine foot care, preventive or reconstructive procedures and screenings, X-rays, laboratory work or similar services are not covered unless specifically required by the foot condition.

Certain services and unusual procedures require prior approval.

7/99 Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

6b. OPTOMETRISTS' SERVICES

7/99 ~~Covered~~ Optometrist's services ~~for EPSDT recipients~~ are limited to eye examinations and the provision of necessary material as specified in 12d. Authorization for more than one examination in a twelve (12) month period can be given if medical need for a second examination is documented.

) ~~Services to recipients aged 21 or older are limited to the examination and dispensing fee for the provision of initial eye wear following cataract surgery.~~ Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

6c. CHIROPRACTORS' SERVICES

7/99 ~~Services are covered only for EPSDT recipients.~~ Covered services are limited to those provided by chiropractors who meet standards promulgated by the Secretary of the Department of Health and Human Services and consisting of treatment by means of manual manipulation of the spine.

7/99 Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

State ILLINOIS

7. HOME HEALTH SERVICES

a, b and c

Services are provided on a short-term, intermittent basis to facilitate client's transitioning from a more acute level of care. Services must be provided only on direct order of physician and require prior approval unless client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

d

Services available only when provided by a Home Health Agency, on direct order of physician, and with prior approval unless client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

8. PRIVATE DUTY NURSING SERVICES

Provided only when recommended by the physician. Requires prior approval. Services cannot be covered if provided by a relative.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

=7/98 9. CLINIC SERVICES

=7/98 Community Mental Health Services

Mental Health Services are to be provided to eligible clients who require such services:

- to effectively manage current symptoms of mental illness through treatment or rehabilitation programs;

State ILLINOIS

- to promote growth or maintenance of independent functioning following episodes of institutionalization;

- to prevent deterioration in independent role functioning which may result in inpatient treatment; or

- to relieve personal distress and stabilize functioning following crises which may reduce the clients ability to function independently.

All services will be provided by or under the direct supervision of a Qualified Mental Health Professional. The QMHP may be a licensed physician or registered psychologist; a registered, certified social worker; a licensed RN; a registered occupational therapist; or an individual who holds a masters degree or higher in psychology, sociology, counseling, family therapy, or related field. The physician must have at least one year clinical experience or training in mental health services. The RN must have at least one year of clinical experience in a mental health setting or a masters' in psychiatric nursing. The occupational therapist must have one year of clinical experience in a mental health setting. The individual holding the masters' or doctorate in counseling, social work or related field must have successfully completed a practicum and/or internship which includes a minimum of 1,000 hours or has one year of clinical experience under the supervision of a QMHP. A Mental Health Professional (MHP) who provides services under the supervision of a QMHP must possess a bachelors' degree or have a minimum of five years supervised experience in mental health or human services.

All services must be provided by an entity which is certified by the Illinois Department of Mental Health and Developmental Disabilities. Clinics which are not certified are not eligible to provide services under this provision of the State Plan.

All services under this section of the Plan must be provided under the direction of a fully licensed physician. The physician must review and approve the treatment plan whenever significant changes in the plan occur, or at least once every six months for adult recipients and at least every three months for children and adolescents.

Community Mental Health Services will include only the following services:

- Assessment. Assessments will be provided to determine the condition of the client and the nature and extent of services required. Mental health assessments, psychiatric assessments, and psychological assessments may be provided to obtain information on the nature and extent of presenting problems and the present level of functioning of clients.